Case 21-22423-GLT Doc 55 Filed 10/04/23 Entered 10/04/23 15:14:27 Desc Main File No.: 1514-002 Document Page 1 of 7

IN THE UNITED STATES BANKRUPTCY COURT FOR THE WESTERN DISTRICT OF PENNSYLVANIA

In Re:	: Bankruptcy No. 21-22423 GLT
Jason L. Lint and April M. Lint,	: Chapter 13
Debtors.	: Document No.
Jason L. Lint and April M. Lint,	: Related to Document No.
Movants,	: :
VS.	· :
No Respondents.	:
AMENDM	ENT COVER SHEET
	(s), schedule(s), or statement(s) are transmitted herewith:
Official Form 6 Schedules Summary of Schedules Schedule A - Real Property Schedule B - Personal Property Schedule C - Property Claimed as E Schedule D - Creditors holding Secu Check one: Creditor(s) added NO creditor(s) added Creditor(s) deleted Schedule E - Creditors Holding Uns Check one: Creditor(s) added Creditor(s) added Creditor(s) added Creditor(s) deleted Schedule F - Creditors Holding Uns Check one: Creditor(s) added Creditor(s) added Creditor(s) added Creditor(s) added Creditor(s) added Schedule G - Executory Contracts at Check one: Creditor(s) added Creditor(s) added	Exempt ured Claims I secured PriorityClaims I secured Nonpriority Claims

Creditor(s) deleted
chedule H - Codebtors
chedule I - Current Income of Individual Debtors (Amended to reflect Debtor-Wife's new job and current household income)
chedule J - Current Expenditures of Individual Debtors (Amended to reflect addition of wife's mother and Debtors' grandson to household and current household expenses)
tatement of Financial Affairs
Chapter 7 Individual Debtor's Statement of Intention
AWB Local Form 6 (11/21) Page 2 of 2
Chapter 11 List of Equity Security Holders
Chapter 11 List of Creditors Holding 20 Largest Unsecured Claims
Disclosure of Compensation of Attorney for Debtor
Other

Date: October 4, 2023

/s/ Daniel R. White

Daniel R. White
PA I.D. No. 78718
Zebley Mehalov & White, P.C.
P. O. Box 2123
Uniontown, PA 15401
Email: dwhite@Zeblaw.com
(724) 439-9200
Attorney for Debtor

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						•			
	in this information to identify your cotor 1 Jason L. Lir								
	otor 2 April M. Line								
	ouse, if filing)	•							
Uni	ted States Bankruptcy Court for the	: WESTERN DISTRICT	Γ OF PENNSYLVAN	IA					
Cas	se number 21-22423 GLT		_			Check if this is:	:		
(If kr	oown)						ent sho	wing postpetition ie following date:	chapter
0	fficial Form 106I					MM / DD/ Y	/YYY	Ü	
S	chedule I: Your Inc	ome							12/15
spo	plying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment	ır spouse is not filing w	ith you, do not inclu	ıde infor	mati	on about your spo	ouse. If	more space is i	needed,
1.	Fill in your employment information.		Debtor 1			Debtor 2	2 or no	n-filing spouse	
	If you have more than one job,	Employment status*	✓ Employed			 Empl	oyed		
	attach a separate page with information about additional	Employment status	Not employed			☐ Not e	mploye	ed	
	employers.	Occupation	Equipment Ope	erator					
	Include part-time, seasonal, or self-employed work.	Employer's name	PA Department Transportation			Roechl	ing Ind	dustrial	
	Occupation may include student or homemaker, if it applies.	Employer's address	825 North Galla Uniontown, PA		. Ex			Or. ant, PA 15666	
		How long employed t			t for	Additional Emplo	2 mont		
Par	Give Details About Mor	nthly Income							
	mate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to I	eport for	any	line, write \$0 in the	space.	Include your nor	n-filing
•	u or your non-filing spouse have me	ore than one employer, or	ombine the information	on for all	omnl	overs for that nerse	n on th	e lines helow. If y	ou need
	e space, attach a separate sheet to		mbine the information	on for all	cmp	byers for that perse)	ic iiics below. ii y	,ou necu
						For Debtor 1		Debtor 2 or -filing spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	3,895.00	\$	5,625.00	
3.	Estimate and list monthly overt	ime pay.		3.	+\$	0.00	+\$	0.00	
4.	Calculate gross Income. Add lin	ne 2 + line 3.		4.	\$	3,895.00	\$	5,625.00	

Official Form 106l Schedule I: Your Income page 1

	tor 1 tor 2	Jason L. Lint April M. Lint		Case ı	number (<i>if known</i>)	21-2242	3 GLT	
	Con	y line 4 here	4.	For \$	Debtor 1		otor 2 or ng spouse 5,625.00	
	COP	y line 4 nere	٦.	Ψ_	3,895.00	Ψ	3,023.00	
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	800.00	\$	1,075.00	
	5b.	Mandatory contributions for retirement plans	5b.	\$	250.00	\$	0.00	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	0.00	
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	0.00	
	5e.	Insurance	5e.	\$	180.00	\$	0.00	
	5f.	Domestic support obligations	5f.	\$	0.00	\$	0.00	
	5g.	Union dues	5g.	\$	55.00	\$	0.00	
	5h.	Other deductions. Specify:	_ 5h.+	\$_	0.00	-	0.00	
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	1,285.00	\$	1,075.00	
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	2,610.00	\$	4,550.00	
8.	8b. 8c. 8d. 8e. 8f. 8g. 8h.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income Other monthly income. Specify: Net income from US Steel Union contribution from mother	8a. 8b. 8c. 8d. 8e.	\$\$ \$\$\$ \$\$\$	0.00 0.00 0.00 0.00 0.00 0.00 0.00	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 0.00 0.00 0.00 0.00 106.00 200.00	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	306.00	
10.		culate monthly income. Add line 7 + line 9. 1 the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	0. \$	- 1	2,610.00 + \$_	4,856	.00 = \$ 7,466	5.00
11.	Inclu othe	te all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify:	depend	•	•	ed in <i>Sche</i>		0.00
12.		the amount in the last column of line 10 to the amount in line 11. The result is that amount on the Summary of Schedules and Statistical Summary of Certain ies				, if it	12. \$ 7,466	5.00
13.	Do y	you expect an increase or decrease within the year after you file this form? No. Yes Explain:	•				monthly incor	ne

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Debtor 1	Jason L. Lint		
	April M. Lint	Case number (if known)	21-22423 GLT

Official Form B 6I Attachment for Additional Employment Information

Spouse	
Occupation	Recording secretary
Name of Employer	US Steel, 13836 Local District 10
How long employed	5 years
Address of Employer	P.O. Box 962
. ,	Uniontown, PA 15401

Official Form 106l Schedule I: Your Income page 3

Fill in	this information to identify your occ	0.				
	this information to identify your cas	5 .				
Debtor	Jason L. Lint				if this is:	
D				_	an amended filing	
Debtor	April M. Lint see, if filing)			_		ving postpetition chapter the following date:
(Spous	se, ii iiiiig <i>)</i>			•	o expended do en	and following date.
United	States Bankruptcy Court for the: WE	STERN DISTRICT OF PENNS	SYLVANIA	N	MM / DD / YYYY	
Case n (If know	21-22423 GLT wn)					
Offi	cial Form 106J					
	nedule J: Your Exp	ancac				12/1
Be as inform	complete and accurate as possi nation. If more space is needed, eer (if known). Answer every ques	ble. If two married people ar				r supplying correct
	s this a joint case?					
	☐ No. Go to line 2.					
	Yes. Does Debtor 2 live in a se	parate household?				
	■ No□ Yes. Debtor 2 must file C	fficial Form 106J-2, <i>Expenses</i>	for Separate Housel	hold of Debto	or 2.	
2. C	Do you have dependents? _ N	1				
С	Do not list Debtor 1 and ✓ Ye Debtor 2.		Dependent's relation		Dependent's age	Does dependent live with you?
С	Do not state the					□ No
d	dependents names.		Grandson		3	■ Yes □ No
			Daughter		12	■ Yes
			Daughter		17	□ No ■ Yes
			Wife's mother		69	□ No ■ Yes
е	Oo your expenses include expenses of people other than yourself and your dependents?	■ No □ Yes				
expen	Estimate Your Ongoing Mo ate your expenses as of your ba uses as of a date after the bankru cable date.	nkruptcy filing date unless y				
the va	de expenses paid for with non-ca alue of such assistance and have ial Form 106l.)				Your expe	enses
	The rental or home ownership ex payments and any rent for the groun		nclude first mortgage	4. \$		0.00
H	f not included in line 4:					
4	la. Real estate taxes			4a. \$		0.00
	lb. Property, homeowner's, or re	nter's insurance		4b. \$		0.00
	c. Home maintenance, repair, a			4c. \$		100.00
	ld. Homeowner's association or			4d. \$		0.00
5. A	Additional mortgage payments fo	r your residence, such as ho	me equity loans	5. \$		0.00

 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 	6a. \$	\$	
6a. Electricity, heat, natural gas 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: 7. Food and housekeeping supplies 8. Childcare and children's education costs 9. Clothing, laundry, and dry cleaning 10. Personal care products and services 11. Medical and dental expenses 12. Transportation. Include gas, maintenance, bus or train fare. 12. Do not include car payments. 13. Entertainment, clubs, recreation, newspapers, magazines, and books 14. Charitable contributions and religious donations 15. Insurance. 16. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify:	6b. S	\$	
6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: 7. Food and housekeeping supplies 8. Childcare and children's education costs 9. Clothing, laundry, and dry cleaning 10. Personal care products and services 11. Medical and dental expenses 12. Transportation. Include gas, maintenance, bus or train fare. 13. Do not include car payments. 14. Charitable contributions and religious donations 15. Insurance. 16. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify:	6b. S		350.00
6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: 7. Food and housekeeping supplies 8. Childcare and children's education costs 9. Clothing, laundry, and dry cleaning 10. Personal care products and services 11. Medical and dental expenses 12. Transportation. Include gas, maintenance, bus or train fare. 13. Do not include car payments. 14. Charitable contributions and religious donations 15. Insurance. 16. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify:		<u> </u>	150.00
6d. Other. Specify: 7. Food and housekeeping supplies 8. Childcare and children's education costs 9. Clothing, laundry, and dry cleaning 10. Personal care products and services 11. Medical and dental expenses 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 13. Entertainment, clubs, recreation, newspapers, magazines, and books 14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify:	6c. S	B	390.00
 7. Food and housekeeping supplies 8. Childcare and children's education costs 9. Clothing, laundry, and dry cleaning 10. Personal care products and services 11. Medical and dental expenses 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 13. Entertainment, clubs, recreation, newspapers, magazines, and books 14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 	6d. S	·	0.00
8. Childcare and children's education costs 9. Clothing, laundry, and dry cleaning 10. Personal care products and services 11. Medical and dental expenses 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 13. Entertainment, clubs, recreation, newspapers, magazines, and books 14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify:	7. 9	.	1,650.00
 Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 	8. 9	B	75.00
 Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 	9. 9	·	180.00
 Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 	10. 3	.	150.00
Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify:	11. 9		250.00
Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify:			
 14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 	12. \$	\$	800.00
 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 	13. \$		50.00
Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify:	14. \$	<u> </u>	0.00
 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 			
 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 			
15c. Vehicle insurance 15d. Other insurance. Specify: 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify:	15a. S	·	0.00
15d. Other insurance. Specify: 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify:	15b. S	·	0.00
 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 	15c. S		230.00
Specify: 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify:	15d. S	B	0.00
17a. Car payments for Vehicle 117b. Car payments for Vehicle 217c. Other. Specify:	16. \$	\$	0.00
17b. Car payments for Vehicle 2 17c. Other. Specify:	47- (•	2.22
17c. Other Specify:	17a. S	·	0.00
	17b. S	·	0.00
	17c. S	·	0.00
· · · · · · · · · · · · · · · · · · ·	17d. S		0.00
18. Your payments of alimony, maintenance, and support that you did not report as	18. 9	\$	0.00
deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I). 19. Other payments you make to support others who do not live with you.		<u> </u>	0.00
Specify:	19.	μ	0.00
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule		ır Income	
	20a. S		0.00
	20b. S		0.00
	20c. S	·	0.00
1 2	20d. S	·	0.00
	20e. S	·	0.00
21. Other: Specify: Debtors' uniforms, shoes required for employment		- ⊦\$	100.00
Pet food/vet care		·\$ ⊦\$	125.00
Cigarettes		-\$ -\$	210.00
	Г		210.00
22. Calculate your monthly expenses		_	
22a. Add lines 4 through 21.		\$	4,810.00
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22c. Add line 22a and 22b. The result is your monthly expenses.		\$	4,810.00
23. Calculate your monthly net income.			
, ,	23a. S		7,466.00
23b. Copy your monthly expenses from line 22c above.	23b	·\$	4,810.00
220 Subtract your monthly overcoop from your monthly in a second			
 Subtract your monthly expenses from your monthly income. The result is your monthly net income. 			

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

■ No.

☐ Yes.

Explain here: Amended schedule I to reflect Debtor wife's new employment and updated household income as of September 2023. Amended schedule J to reflect that Debtors have custody of 3 year old grandson and that Debtor wife's mother resides with them since March 2023. Household expenses amended to reflect increased household expenses due to number of people and economy.